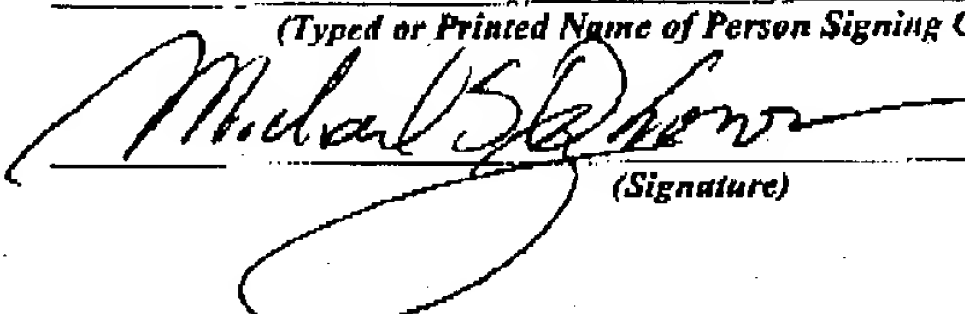

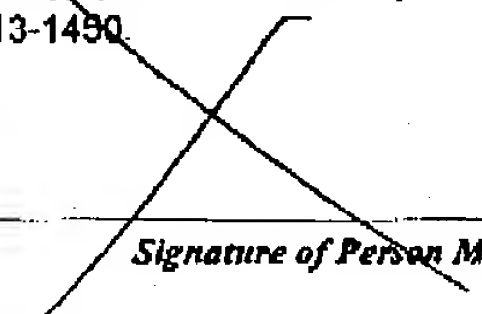


1771

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 121027-040
Applicant(s): Toshio KOBAYASHI et al.			
Application No. 09/766,275	Filing Date January 19, 2001	Examiner Jennifer Boyd	Group Art Unit 1771
Invention: ELASTICALLY STRETCHABLE COMPOSITE SHEET AND PROCESS FOR MAKING THE SAME			
<div>OFFICIAL</div> <div>RECEIVED CENTRAL FAX CENTER JUN 29 2004</div>			
I hereby certify that this <u>Amendment and Amendment Transmission</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>) on <u>June 29, 2004</u> (Date)			
<div>Michael S. Gzybowski</div> <div>(Typed or Printed Name of Person Signing Certificate)</div> <div></div> <div>(Signature)</div>			
Note: Each paper must have its own certificate of mailing.			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 121027-040	
Applicant(s): Toshio KOBAYASHI et al.						
Application No. 09/766,275	Filing Date January 19, 2001	Examiner Jennifer Boyd	Customer No. 35684	Group Art Unit 1771	Confirmation No. 1331	
Invention: ELASTICALLY STRETCHABLE COMPOSITE SHEET AND PROCESS FOR MAKING THE SAME						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	7 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; justify-content: space-between;"><div><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div><div style="text-align: right;">Dated: June 29, 2004</div></div> <div style="margin-top: 20px;"> Signature</div> <div style="margin-top: 20px;">Filed via facsimile transmission.</div>						
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;"> Signature of Person Mailing Correspondence</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</div>						
CC:						